		(Column 1)	WK11			10 701,660
	FOR		(Column 2)	SMOLL		1 ' ' 7
٠.	8ASIC FEE (37 CFR 1.16(a)).	NUMBER FILEO	NUMBER EXTRA	SMALL ENTIT	Y OR	OTHER THAN SMALL ENTITY
٠.	TOTAL CLAIMS (37 OFA 1.16(c))	·		RATE FE	ϵ Γ	
	INDEPENDENT	minus 20 =		s	7 .	RATE FR
	(37 CFR 1.16(6))			_ x s 25 -	OR L	_
	MULTIPLE DEPENDENT CLAI	minus 3 =	-	x s 100	OR ,	× 50.
	(37 CFR 1.(6(d))				ORX	,200
•	If the difference in column 1 is less than zero, enter -0- in column 2			1 + 5.180		
- 1	. CLAIMS	AO .	in column 3	TOTAL	OR +	360
. 1	O AIMS	AS AMENDED – PA	RTII	51AC	OR	TOTAL
ŀ	(Colun	10. (1				· OTAL
- 1	T 1	Me (Co	oluma 2). (Column 3)]		
- 1	TO 07 REMAI	MING HIG	HEST	SMALL ENTITY	OR	OTHER THAI
	Total AMENO	MENT PREV	IOUSIV CIGA		7	SMALL ENTITY
. 1.	(31 CFR 1.16(c)) 70	Minus :	FOR	ADDI- TIONAL	1 1 6	RATE
- 13	U (31 CFR 1.16(b))) 72	20.1=/	x s 25 = FEE]	AOF TIONL
	2 5000	Minus) =/		OR X 5.	50 = Fe
<u> </u>	FIRST PRESENTATION OF ME	KTIPLE DEPENDENT OF THE		x s 100=	1	
-	,	TO SERVICE COMM	(3) CFR (.16(d))	+ 5 180=	OR X S 2	
- 1		•		IATOT	OR +3	0
	(Column)		TO 31	AOD'L FEE	TOTAL	
	1. 507114/2	G HIGHE	ST		OR ADO'C	FEE
ENDMENT	AFTER AMENOMEI	ANUM I	1000111	RATE ARG		
á	DI OFFI LIGOI	Minus PAID FO	DR EXTRA	ADOI.	RAT	6
I Si	Independent (1) CFR (166)		Ξ .	x s 25 . FEE	- · 1.	ADDI: TIONAL
A A		· Minus ···	=	x 5 2 2 =	OR x 5	- FEE
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1	OR X \$ 200_					
1				TOTAL	OR 1+360	1
O	(Column 1)	(Column	2.	ADO'L FEE	OR ADDITION	
	CLAIMS REMAINING	HIGHEST			OR ADD'L FE	€.
NOMENT	AFTER AMENOMENT	NUMBER	PRESENT	RATE AGG		
	Total (II CFR (.16(c))	Minus PAID FOR	Y €XTRA	TIONAL	RATE	
	hodena ad		= -	- FEC		ADDI- TIONAL
<	(1) CEU (Telefil	Minus :		x s 25	DR X 50=	FEC
1	REST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (31 CFR 1.16(d))			x s 100		1
1		COLEMBERT CLAIM (31	CFR 1.16(d)1	+ \$ 180=	R X 5 200	
1 . "	1 the					
If the Highest Number Previously Pade of in column 2, write '0' in Olympia 2						
If the "Highest Number Previously Paid For In THIS SPACE is less than 20, enter "20". This collection of information is required for Internation of the Internation of the Information of the Information is required for Internation of the Information of Information is required by 32".						
The Highest Number Previously Paid For INTHIS SPACE is less than 20, enter 20. This collection of information is required by 37 CFR 1 (6. The internal inte						

If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter '3'.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is located by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any complete, and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS If you need assistance in completing the form, call 1-800.P FO-3199 and select option ?